

Formality Review Claims Count Sheet

Case No. _____

Date: ____/____/____

As Filed			As Filed			As Filed			As Filed		
No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.
1	1 /		51	1 /	1	101			151		
2		1	52			102			152		
3		1	53		1	103			153		
4	1 /		54		1	104			154		
5		1	55		1	105			155		
6		1	56	1 /	1	106			156		
7		1	57	1 /		107			157		
8		7 /	58		1	108			158		
9		7 /	59		1	109			159		
10		7 /	60		1	110			160		
11	1 /		61		1	111			161		
12		1	62	1 /		112			162		
13		1	63		1	113			163		
14		1	64		1	114			164		
15		4 /	65		1	115			165		
16		4 /	66		1	116			166		
17	1 /		67		1	117			167		
18		1	68		1	118			168		
19		1	69		1	119			169		
20		1	70			120			170		
21	1 /		71			121			171		
22		1	72			122			172		
23		1	73			123			173		
24		1	74			124			174		
25		1	75			125			175		
26	1 /		76			126			176		
27	1 /		77			127			177		
28		1	78			128			178		
29		1	79			129			179		
30		1	80			130			180		
31		1	81			131			181		
32	1 /		82			132			182		
33		1	83			133			183		
34		1	84			134			184		
35		1	85			135			185		
36		1	86			136			186		
37	1 /		87			137			187		
38		1	88			138			188		
39		1	89			139			189		
40		1	90			140			190		
41		1	91			141			191		
42	1 /		92			142			192		
43		1	93			143			193		
44		1	94			144			194		
45	1 /		95			145			195		
46		1	96			146			196		
47		1	97			147			197		
48		1	98			148			198		
49	1 /		99			149			199		
50		1	100			150			200		
T. Ind.	15		T. Ind.			T. Ind.			T. Ind.		
T. Dep.	78		T. Dep.			T. Dep.			T. Dep.		
Total	93		Total			Total			Total		